



<b>Issue Classification</b> 	Application/Control No.	Applicant(s)/Patent under Reexamination	
	09/632,944	GINTER ET AL.	
	Examiner	Art Unit	
	Justin T. Darrow	2132	

ISSUE CLASSIFICATION											
ORIGINAL					CROSS REFERENCE(S)						
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
713		176			713	179	193				
INTERNATIONAL CLASSIFICATION											
H	0	4	L	9/32							
g	0	6	F	12/14							
				/							
				/							
				/							
X (Assistant Examiner) (Date)					JUSTIN T. DARROW PRIMARY EXAMINER TECHNOLOGY CENTER 2100 <i>Justin Darrow</i> 05/24/2005 (P. Examiner) (Date)					Total Claims Allowed: 48	
										O.G. Print Claim(s)	O.G. Print Fig.
(Legal Instruments Examiner) (Date)										81	109

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
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	2		32		62		12		92		122		152		182
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	4		34		64				94		124		154		184
	5		35		65				95		125		155		185
	6		36		66				96		126		156		186
	7		37		67				97		127		157		187
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	9		39		69				99		129		159		189
	10		40		70				100		130		160		190
	11		41		71				101		131		161		191
	12		42		72				102		132		162		192
	13		43		73				103		133		163		193
	14		44		74				104		134		164		194
	15		45		75				105		135		165		195
	16		46		76				106		136		166		196
	17		47		77				107		137		167		197
	18		48		78				108		138		168		198
	19		49		79				109		139		169		199
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	21		51		1	81			111		141		171		201
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	27		57		7	87			117		147		177	13	207
	28		58		8	88			118		148		178	14	208
	29		59		9	89			119		149		179	15	209
	30		60		10	90			120		150		180	16	210

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			/									
										Total Claims Allowed:		
(Assistant Examiner) (Date)				(Primary Examiner) (Date)						O.G. Print Claim(s)		O.G. Print Fig.
(Legal Instruments Examiner) (Date)												

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant												<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
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22	216		246		276		306	28	336		366		396				
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	228		258		288		318		348		378		408				
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	230		260		290		320		350		380		410				
	231		261		291		321		351		381		411				
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	233		263		293		323		353		383		413				
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	240		270		300		330		360		390		420				

[illegible]

**Total Claims Allowed:**

O.G. Print Claim(s)	O.G. Print Fig.
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☒ **Claims renumbered in the same order as presented by applicant**☐ CPA

☐ T.D.

□ R.1.47